Author’s response to reviews

Title: Solitary Fibrous Tumor of the Scrotum: A Case Report and Review of the Literature

Authors:

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Reviewer reports:
Hu Han (Reviewer 1):
1. How long has the patient been followed up so far? Is there a distant metastasis?
A: The patient has been followed up for 9 months, No distant metastasis was noted by CT scan.
(Page 1, Abstract section, case presentation line 4.)
(Page 4, Case presentation section, paragraph 3, line 11.)

2. So far, there are more than 5 reports of scrotal SFT. I have published a solitary fibrous tumor of spermatic cord in Chinese Journal of Urology in 2012. Only 5 reports are reported in English literature, which does not mean that there are no cases published in other languages.
A: Thank you for your reminder. We have found a few published reports in languages other than English, such as Chinese and Spanish. We only found 5 reports that were reported in English literature. We will correct our statement in the paper. (Page 1, Abstract section, conclusion line 1.)

What's more, how to distinguish scrotum SFT from para-testicular SFT. It is suggested to correct the statement or delete them.
A: In our case, it was a para-testicular SFT within the scrotum. We searched the literature including SFTs using both terms.

3. The format of references is inconsistent, and it is suggested to modify.
A: We will modify and adjust the format of references, thank you for your kindly remind.

4. These references 1,3,21,22,25,28,29,30,31,34 lack magazine names. Please check the format of references carefully.
A: We will modify and adjust the format of references, thank you for your kindly remind.

Tariq Benidir (Reviewer 2):
1. Interesting report of an SFT found in the extra-pleural space.
A: Thank you for your review.

2. Abstract: Your abstract background is poorly written and needs to be less repetitive. The abstract case presentation section you need to mention the follow up duration.
A: The duration of followed up time was added.  
(Page 1, Abstract section, Case presentation section line 5.)

Case report:
1. What other GU sites have had SFT's and what were the outcomes therein?  
A: Multiple GU sites SFTs had been reported, including kidney, bladder and prostate. Most of them have good outcomes after surgical excision of the tumor.

2. When discussing your "scrotal approach", you are vague in your surgical description. Was it a midline raphe incision, was the mass adherent to Dartos or the testicle or completely separate. What were you surgical margins (did you excise wide or narrow, 1cm margins or no margins, did you need to sacrifice any vessels, was cautery used?). As this is a Urology publication, please be specific on your Urologic surgical approach so that future surgeons encountering this issue know what exact approach to follow.  
A: Thank you for your advice; we added the detailed surgical description.  
(Page 4, Case presentation section, paragraph 2, line 5.)

3. In your background section you need to quote the papers where scrotal SFT's have been reported.  
A: Quotation of the papers was added.  
(Page 3, Background section, line 4.)

4. Case presentation line 39: "more to the right of the scrotum" is not a surgically necessary description. Can replace it for "non adherent".  
A: Thank you for your suggestions, we changed the words as your advice.  
(Page 3, Case presentation section, paragraph 1, line 5.)

5. Testis tumor markers were all normal. You did not mention LDH?  
A: We did not check LDH prior to surgery.

6. Page 4 line 7: "Connected firm tumors." Would recommend lobulated and contiguous as words. Try to use more medical terms to describe structures and appearances.  
A: Thank you for your suggestions, we changed the words as your advice. We will try to use more medical terms to describe next time.  
(Page 4, Case presentation section, paragraph 3, line 1.)

7. Page 4 line 39: "Patient is alive without tumor recurrence during ongoing follow up every 6 month". What does this mean. Does this mean we are only 6 months post resection and so far he has no tumor. If thats the case be specific as to how long he has been followed up (i.e 3 years post resection with semi-annual CT's...)  
A: The patient is 9 months post resection so far, we scheduled CT scan every 6 months during follow up.  
(Page 4, Case presentation section, paragraph 3, line 12.)

8. Page 6 line 26. "Malignant pathology have been described in about 20% of SFT". Any malignant potential in GU SFT?  
A: To our best knowledge, there are no reports about malignant potential specifically about GU SFTs. Current literatures only reported “extra-pleural SFTs” as a whole, and GU SFTs are a sub-category of extra-pleural SFTs. Therefore, we considered the malignant potential of GU SFTs similar to other extrapleural SFTs.
9. Page 7 line 14. "6 month follow up with CT was conducted". Again does this mean he's only 6 months removed from his SFT? If so be specific. What have other reports done in terms of follow up. What study has the longest follow up and what did they use.
A: The patient is 9 months post resection so far, we scheduled CT scan every 6 months during follow up. The longest follow up period of other report was 25 months, but did not state what method they used during their follow up.